

State Committee for Social Workers  
3605 Missouri Boulevard  
P.O. Box 1335  
Jefferson City, MO 65102-1335  
573-751-0885 Telephone  
573-526-3489 FAX  
lcsw@pr.mo.gov

**Application for Licensure - LCSW/LAMSW**  
**\*\*Effective April 30, 2010\*\***

Dear Sir/Madam

Thank you for your interest in obtaining the materials to apply for a licensed clinical or advanced macro social worker in Missouri. Attached you will find the following information:

- 1. Application for Licensure Form**
- 2. Instructions for completing the required fingerprinting/background check**
- 3. Attestation of Supervised Social Work Experience form**

Application for Licensure files are not considered complete until ALL of the following information has been received in the committee office:

- 1. Completed Application for Licensure Form**
- 2. Fingerprinting/Background Check results**
- 3. Application for Licensure Fee**
- 4. Completed Attestation of Supervised Social Work Experience Form(s)**
- 5. Passing exam score from the ASWB**

You will be notified by the committee office in writing after items 1-4 (above) have been received with instructions on contacting the ASWB to schedule for the appropriate examination.

An applicant for licensure who answers "yes" to any question in the application which relates to possible grounds for denial of licensure under section 337.630, RSMo, shall submit a sworn affidavit setting forth in detail the facts that explain the answer and shall submit copies of appropriate documents related to that answer, if requested by the committee.

The committee reminds you to read the rules & statutes regarding licensure. Should you have any questions, please contact the committee office at 573.751.0885 or lcsw@pr.mo.gov



**STATE OF MISSOURI**  
**DIVISION OF PROFESSIONAL REGISTRATION**  
**APPLICATION FOR LICENSURE - LCSW/LAMSW**

MISSOURI DIVISION OF PROFESSIONAL REGISTRATION  
 STATE COMMITTEE FOR SOCIAL WORKERS

**INSTRUCTIONS**

1. Applicant must complete all sections, including reference page.
2. If additional information is needed for any questions, please attach a separate sheet.
3. Complete applications should be mailed to the following central office address:

DIVISION OF PROFESSIONAL REGISTRATION/  
 STATE COMMITTEE FOR SOCIAL WORKERS  
 P.O. BOX 1335  
 JEFFERSON CITY, MISSOURI 65102-1335  
 TELEPHONE: (573) 751-0885 TDD 800-735-2966  
 http://www.pr.mo.gov E-mail: lcsw@pr.mo.gov

**FEES**

Attach application fee.	
Oct. 1 to Jan. 31	\$60
Feb. 1 to May 31	\$45
June 1 to Sept. 30	\$30

PLEASE CHECK ONE OF THE FOLLOWING

☐ CLINICAL SOCIAL WORKER ☐ ADVANCED MACRO SOCIAL WORKER

**APPLICANT DATA**

NAME (FIRST, MIDDLE, LAST, SUFFIX, FORMER/MAIDEN)

RESIDENCE STREET ADDRESS (IF PO, PLEASE PROVIDE A STREET ADDRESS ALSO)		CITY	STATE	ZIP CODE
SOCIAL SECURITY NUMBER		DATE OF BIRTH	RESIDENCE TELEPHONE NUMBER	
CURRENT PLACE OF EMPLOYMENT			EMPLOYMENT TELEPHONE NUMBER	
EMPLOYMENT ADDRESS		CITY	STATE	ZIP CODE
E-MAIL		U.S. CITIZEN? <input type="checkbox"/> YES <input type="checkbox"/> NO (IF NO, ATTACH COPY OF EVIDENCE OF LEGAL RESIDENT ALIEN STATUS)		

**SOCIAL WORK DEGREES:**

<input type="checkbox"/> DOCTORATE	SCHOOL NAME	LOCATION	DATE CONFERRED
<input type="checkbox"/> MASTER	SCHOOL NAME	LOCATION	DATE CONFERRED
<input type="checkbox"/> BACCALAUREATE	SCHOOL NAME	LOCATION	DATE CONFERRED

LIST ALL OF THE STATES IN WHICH YOU NOW HOLD OR HAVE EVER HELD A LICENSE/CERTIFICATE TO PRACTICE SOCIAL WORK IN ORDER OF ATTAINMENT. IF CURRENT STATUS IS "OTHER", PLEASE EXPLAIN ON SEPARATE SHEET.

STATE	LICENSE/CERTIFICATE NUMBER AND TITLE CONFERRED BY LICENSE OR CERTIFICATE	ISSUE DATE	CURRENT STATUS
			<input type="checkbox"/> ACTIVE <input type="checkbox"/> INACTIVE <input type="checkbox"/> OTHER
			<input type="checkbox"/> ACTIVE <input type="checkbox"/> INACTIVE <input type="checkbox"/> OTHER

**ANSWER THE FOLLOWING QUESTIONS** (Yes answers must be explained in sworn affidavit and accompanied by documents as required in the rules.)

**YES NO**

- Have you ever applied for a license as a social worker and been denied?
- Has your license or social work privileges ever been revoked, restricted, or have you ever been the subject of disciplinary action by any licensing agency, institution or any other entity?
- Have you ever entered a plea of guilty or nolo contendere or been convicted of a felony, misdemeanor or received a suspended imposition of sentence?
- Are you presently being investigated or is there any disciplinary action pending against you?
- Are you now or ever have been addicted to or used in excess, any drug or chemical substance including alcohol?
- Are you now being treated or have you ever been treated through a drug or alcohol rehabilitation program?
- Have you ever been named as a party in a civil suit?
- Have you ever been disciplined for unethical behavior or unprofessional conduct?
- Have you ever voluntarily surrendered a professional license?

<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>

## POST DEGREE SUPERVISED SOCIAL WORK EXPERIENCE

Indicate below person(s) designated as your supervisor of post-degree supervised social work experience. Attestation forms must be sent directly to the committee by the supervisor, not the applicant.

SUPERVISOR'S NAME	DATES SUPERVISED APPLICANT FROM TO	TOTAL HRS/WK	HRS ONE TO ONE SUPV/WK
-------------------	---------------------------------------	--------------	------------------------

INSTITUTION OR BUSINESS NAME AND ADDRESS

CURRENT ADDRESS (IF DIFFERENT FROM ABOVE)

DESCRIPTION OF APPLICANT'S PROFESSIONAL WORK DURING THE SUPERVISION RELATED TO THE PRACTICE OF SOCIAL WORK

SUPERVISOR'S NAME	DATES SUPERVISED APPLICANT FROM TO	TOTAL HRS/WK	HRS ONE TO ONE SUPV/WK
-------------------	---------------------------------------	--------------	------------------------

INSTITUTION OR BUSINESS NAME AND ADDRESS

CURRENT ADDRESS (IF DIFFERENT FROM ABOVE)

DESCRIPTION OF APPLICANT'S PROFESSIONAL WORK DURING THE SUPERVISION RELATED TO THE PRACTICE OF SOCIAL WORK

SUPERVISOR'S NAME	DATES SUPERVISED APPLICANT FROM TO	TOTAL HRS/WK	HRS ONE TO ONE SUPV/WK
-------------------	---------------------------------------	--------------	------------------------

INSTITUTION OR BUSINESS NAME AND ADDRESS

CURRENT ADDRESS (IF DIFFERENT FROM ABOVE)

DESCRIPTION OF APPLICANT'S PROFESSIONAL WORK DURING THE SUPERVISION RELATED TO THE PRACTICE OF SOCIAL WORK

**ACADEMIC OR PROFESSIONAL REFERENCES**

APPLICANT NAME	NUMBER OF YEARS KNOWN
----------------	-----------------------

1. This certifies that I have been personally acquainted with the above named applicant for the period stated; that I believe him/her to be of good and professional character, and in every respect worthy of confidence. I hereby recommend him/her to the Division of Professional Registration/State Committee for Social Workers as entirely worthy to be licensed.

SIGNATURE OF REFERENCE	DEGREE	DATE
------------------------	--------	------

REFERENCE NAME (PLEASE PRINT)	PROFESSION OR OCCUPATION
-------------------------------	--------------------------

TITLE	TELEPHONE NUMBER
-------	------------------

ADDRESS (STREET, CITY, STATE, ZIP)
------------------------------------

APPLICANT NAME	NUMBER OF YEARS KNOWN
----------------	-----------------------

2. This certifies that I have been personally acquainted with the above named applicant for the period stated; that I believe him/her to be of good and professional character, and in every respect worthy of confidence. I hereby recommend him/her to the Division of Professional Registration/State Committee for Social Workers as entirely worthy to be licensed.

SIGNATURE OF REFERENCE	DEGREE	DATE
------------------------	--------	------

REFERENCE NAME (PLEASE PRINT)	PROFESSION OR OCCUPATION
-------------------------------	--------------------------

TITLE	TELEPHONE NUMBER
-------	------------------

ADDRESS (STREET, CITY, STATE, ZIP)
------------------------------------

APPLICANT NAME	NUMBER OF YEARS KNOWN
----------------	-----------------------

3. This certifies that I have been personally acquainted with the above named applicant for the period stated; that I believe him/her to be of good and professional character, and in every respect worthy of confidence. I hereby recommend him/her to the Division of Professional Registration/State Committee for Social Workers as entirely worthy to be licensed.

SIGNATURE OF REFERENCE	DEGREE	DATE
------------------------	--------	------

REFERENCE NAME (PLEASE PRINT)	PROFESSION OR OCCUPATION
-------------------------------	--------------------------

TITLE	TELEPHONE NUMBER
-------	------------------

ADDRESS (STREET, CITY, STATE, ZIP)
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**EXAMINATION REQUESTED**

☐ CLINICAL    ☐ ADVANCED GENERALIST


**EXAM RESULTS:** Applicant is responsible for having the Association of Social Work Boards submit verification of a passing score as determined by the Committee.

**VI. AFFIDAVIT**

I, the below named applicant, being duly sworn, hereby affirm under penalties of perjury that I am the applicant referred to in the preceding application for a license to practice as a clinical or advanced macro social worker in the State of Missouri, and that all statements and enclosures are true and accurate to the best of my knowledge, information and belief.

I submit for consideration the above proofs as required by the Missouri law governing the practice of clinical or advanced macro social work and subject to the rules and regulations of the Division of Professional Registration/State Committee for Social Workers. The Division may require further evidence that it deems reasonable and proper from the sources above.

Enclosed is the application fee made payable to the Division of Professional Registration, **which is not refundable**, in the form of a **money order, personal check, cashier's check or bank draft**.

<b>MUST BE SIGNED IN PRESENCE OF NOTARY PUBLIC</b>	APPLICANT SIGNATURE	
		
	STATE OF	COUNTY (OR CITY OF ST. LOUIS)
	SUBSCRIBED AND SWORN BEFORE ME, THIS DAY OF 19	
NOTARY PUBLIC EMBOSSER OR BLACK INK RUBBER STAMP SEAL	NOTARY PUBLIC SIGNATURE	MY COMMISSION EXPIRES
	<b>USE RUBBER STAMP IN CLEAR AREA BELOW.</b>	
	NOTARY PUBLIC NAME (TYPED OR PRINTED)	



STATE OF MISSOURI  
DIVISION OF PROFESSIONAL REGISTRATION  
**ATTESTATION OF SUPERVISED SOCIAL WORK EXPERIENCE**

MISSOURI DIVISION OF PROFESSIONAL REGISTRATION  
STATE COMMITTEE FOR SOCIAL WORKERS

**INSTRUCTIONS**

**APPLICANT:** Complete items 1-7 and forward to the supervisor whom you wish to have attest to your social work experience.

**SUPERVISOR:** Return completed form to:  
Division of Professional Registration  
State Committee for Social Workers  
Post Office Box 1335  
Jefferson City, Missouri 65102-1335  
Telephone: (573) 751-0885  
TDD 800 735-2966  
http://www.pr.mo.gov E-mail: lcs@pr.mo.gov

PLEASE CHECK ONE OF THE FOLLOWING

☐ CLINICAL SOCIAL WORKER ☐ BACCALAUREATE SOCIAL WORKER - IP ☐ ADVANCED MACRO SOCIAL WORKER

**APPLICANT DATA**

1. NAME (LAST, FIRST, MIDDLE INITIAL, SUFFIX, MAIDEN NAME)		DATE OF BIRTH	SOCIAL SECURITY NUMBER
2. ADDRESS (STREET AND BOX NO., IF APPLICABLE, CITY, STATE, ZIP)			
3. DEGREE	4. DATE RECEIVED	5. TELEPHONE NUMBER (DAYTIME)	
6. I hereby authorize the release of information requested below to the Missouri Division of Professional Registration, State Committee for Social Workers.		7. APPLICANT SIGNATURE DATE	

**DO NOT WRITE BELOW THIS LINE - FOR SUPERVISOR'S COMPLETION ONLY**

**SUPERVISOR:** Complete items below and return the original (not a photocopy) of this attestation as soon as possible to the Missouri Division of Professional Registration, State Committee for Social Workers. **DO NOT RETURN THIS FORM TO THE APPLICANT.** It is important that you verify all hours worked under your supervision.

8. SUPERVISOR NAME (LAST, FIRST, MIDDLE, MAIDEN)	9. TELEPHONE NUMBER (DAYTIME)
10. CURRENT OFFICE ADDRESS (STREET AND BOX NO., IF APPLICABLE, CITY, STATE, ZIP CODE)	

**11. PLEASE CHECK ALL THAT APPLY TO SUPERVISOR AT THE TIME OF SUPERVISION:**

- ☐ Missouri - License Number \_\_\_\_\_ ;
- ☐ Licensed social worker in another state, supervising in that state, with an equivalent license - State \_\_\_\_\_ License number \_\_\_\_\_ ; Original Issue Date \_\_\_\_\_ ; attach a copy of license.

12. LIST PLACES WHERE THE APPLICANT ENGAGED IN PROFESSIONAL EXPERIENCE UNDER YOUR SUPERVISION		
AGENCY/FACILITIES	ADDRESS (STREET, CITY, STATE, ZIP)	DATE (MO-DAY-YEAR TO MO-DAY-YEAR)
A.		
B.		
C.		
13. TITLE APPLICANT HELD DURING SUPERVISION		
14. DESCRIBE BRIEFLY THE SETTING(S) WHERE SUPERVISION TOOK PLACE.		
15. DESCRIBE THE METHODS OF SUPERVISION USED.		

16. EACH AREA OF PERFORMANCE **MUST** BE RATED BY CHECKING THE NUMBER THAT MOST ACCURATELY DESCRIBES THE SUPERVISEE. **EACH SECTION *MUST* INCLUDE COMMENTS (REQUIRED) IN THE AREA PROVIDED.**

#### RATING SCALE

1. Not Observed
2. Does Not Meet Expectations
3. Meets Expectations
4. Exceeds Expectations
5. Far Exceeds Expectations

#### SOCIAL WORK PRACTICE

Demonstrates knowledge of:

- |  |                            |                            |                            |                            |                            |
|--|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|
| A. Human and personality development                                   | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 |
| B. Psycho and group dynamics   | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 |
| C. Family dynamics   | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 |
| D. Psychopathology   | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 |
| E. Crisis intervention   | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 |
| F. Human relations   | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 |
| G. Interactive effect of biological functioning on the client system   | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 |
| H. Interactive effect of psychosocial functioning on the client system | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 |

COMMENTS: **REQUIRED**

Demonstrates skill in:

- |  |                            |                            |                            |                            |                            |
|--|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|
| I. Assessing personality functioning/dysfunctioning  | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 |
| J. Assessing client system functioning/dysfunctioning  | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 |
| K. Ongoing evaluation of clientele and agency program policies and practices as applicable               | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 |
| L. Appropriate selection of intervention, including crisis, strategies and techniques in decision-making | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 |
| M. Appropriate timing and handling of termination process  | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 |
| N. Integration of theory with practice skills  | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 |
| O. Seeking and using appropriate consultation from other disciplinary sources                            | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 |

COMMENTS: **REQUIRED**

Demonstrates:

- |   |                            |                            |                            |                            |                            |
|---|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|
| P. Ability to use supervision to enhance professional growth and functioning    | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 |
| 1. Willingness to conduct periodic critical review of work and performance      | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 |
| 2. Self awareness and disciplined use of self in all professional relationships | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 |

COMMENTS: **REQUIRED**





# IMPORTANT NOTICE

## Fingerprinting/Background Check Instructions

Effective July 1, 2007, the Missouri State Committee for Social Workers required that all applicants undergo a background check. Effective July 1, 2012 the Committee will be using **3M/Cogent Services** to fingerprint applicants for licensure/registration.

Individuals needing to be fingerprinted will first need to register with the Missouri Automated Criminal History Site (MACHS) at [www.machs.mo.gov](http://www.machs.mo.gov) OR telephone 1-877-862-2425.

Upon completing the registration you will receive an 8 digit Transaction Control Number (TCN). This number will be used to track your fingerprints through the background check process. Once you have verified that the information is correct, click "Schedule Fingerprinting" to schedule an appointment with 3M/Cogent

The State Committee for Social Workers 4 digit code is **5416**.

**NOTE: Do not submit fingerprint fees to the Committee office. The total background check fee (\$44.80) will be paid to 3M/Cogent.**

## NONCRIMINAL JUSTICE APPLICANT'S PRIVACY RIGHTS

As an applicant who is the subject of a national fingerprint-based criminal history record check for a noncriminal justice purpose (such as an application for a job or license, an immigration or naturalization matter, security clearance, or adoption), you have certain rights which are discussed below.

- You must be notified that your fingerprints will be used to check the criminal history record of the FBI.
- If you have a criminal history record, the officials making a determination of your suitability for the job, license, or other benefit must provide you the opportunity to complete or challenge the accuracy of the information in the record.
- The officials must advise you that the procedures for obtaining a change, correction, or updating of your criminal history record are set forth at Title 28, Code of Federal Regulations (CFR), Section 16.34.
- If you have a criminal history record, you should be afforded a reasonable amount of time to correct or complete the record (or decline to do so) before the officials deny you the job, license, or other benefit based on information in the criminal history record. (See 28 CFR 50.12(b).)

You have the right to expect that officials receiving the results of the criminal history record check will use it only for authorized purposes and will not retain or disseminate it in violation of federal statute, regulation or executive order, or rule, procedure or standard established by the National Crime Prevention and Privacy Compact Council. (See 5 U.S.C. 552a(b); 28 U.S.C. 534(b); 42 U.S.C. 14616, Article IV(c); 28 CFR 20.21(c), 20.33(d), and 906.2(d).)

If agency policy permits, the officials may provide you with a copy of your FBI criminal history record for review and possible challenge. If agency policy does not permit it to provide you a copy of the record, you may obtain a copy of the record by submitting fingerprints and a fee to the FBI. Information regarding this process may be obtained at <http://www.fbi.gov/about-us/cjis/background-checks>.

If you decide to challenge the accuracy or completeness of your FBI criminal history record, you should send your challenge to the agency that contributed the questioned information to the FBI. Alternatively, you may send your challenge directly to the FBI. The FBI will then forward your challenge to the agency that contributed the questioned information and request the agency to verify or correct the challenged entry. Upon receipt of an official communication from that agency, the FBI will make any necessary changes/corrections to your record in accordance with the information supplied by that agency. (See 28 CFR 16.30 through 16.34.)

# Missouri Applicant Processing Services Applicant User Guide for State Agency and MOVECHS Fingerprint Search Requests



Changes Effective July 1, 2012



## Welcome 3M/Cogent

### Missouri's New Fingerprint Services Vendor

3M/Cogent Corp. has won the contract to be Missouri's new fingerprint services vendor. They will be taking the place of L-1 Identity Solutions effective July 1, 2012.

The new contract with 3M/Cogent has many benefits over the old contract including a lower cost, an expanded number of fingerprint services sites and expanded hours of operation to include evening and weekends.

#### 3M/Cogent Fee Schedule:

Fingerprinting Fee	\$8.30
State Fee	\$20.00 (\$14.00 if fingerprinted for foster care pursuant to Section 210.487 RSMo.)
FBI Fee	\$16.50 (\$15.00 for volunteers)
Notarized Letter Fee	\$2.00 (if requested)

**Note:** The combined fee for applicants needing a standard State and FBI search is \$44.80 unless you qualify for one of the exceptions above. Your fee will be automatically calculated based on the 4 digit registration number that you provide.

### The Missouri Automated Criminal History Site

#### MACHS

If you need to be fingerprinted through 3M/Cogent you must first register with the Missouri Automated Criminal History Site (MACHS).

MACHS is located at: [www.machs.mo.gov](http://www.machs.mo.gov)

Individuals without access to the Internet may contact 3M/Cogent directly at **1-877-862-2425** to have a Fingerprint Services Representative conduct this registration on their behalf.

### 4 Digit Registration Number

To register with MACHS for a fingerprint search that includes a check of FBI files your employer/licensing agency must have provided you with a 4 digit registration number. This number ties all agency identifying information together to ensure that your background check response is returned to the correct agency in a timely manner.

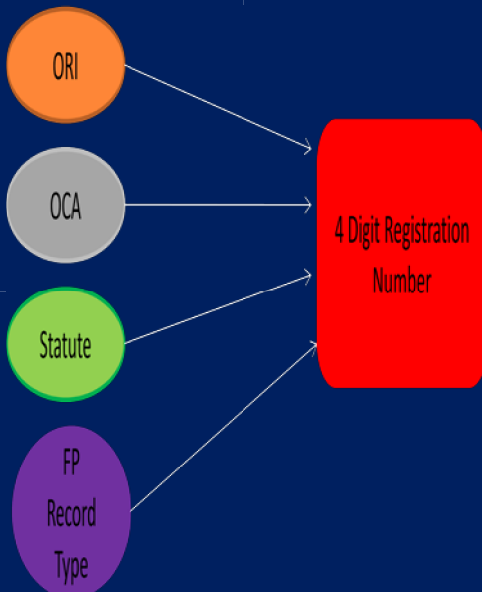
### Notarized Letters

Depending on the purpose of your background check you may have the option to request that notarized clearance letters accompany the final results. There is a \$2.00 surcharge if notarized letters are requested.

## Why do I need a Registration Number?

Under the previous contract applicants were required to provide an eight digit Agency ORI Code and another OCA code in order to be fingerprinted for an FBI search. In some cases applicants were required to know a statute for reason fingerprinted as well. To simplify the process, all of the above information has been combined into a simple, easy to remember 4 digit code.

The use of this 4 digit code ensures that you will be conducting the correct type of fingerprint search and that your response is returned to the correct agency in a timely manner. If you do not have a 4 digit code you should contact your employer/licensing agency.



## Registering with MACHS

To begin the registration process with MACHS go to [www.machs.mo.gov](http://www.machs.mo.gov) and click the icon to access the MACHS Fingerprint Portal.

## Reason for Request

Select the option requiring the 4 digit registration number to begin your registration process.

**Missouri State Highway Patrol**  
Criminal Justice Information Services Division  
Missouri Automated Criminal History Site

Home About MACHS Contact Us FAQ Related Links

**Getting Started**  
Please select the Option below that best applies to your reason for visiting this site. If none of these options applies to you or you have further questions please call us at: 1-573-526-6312

☒ I have a 4 digit Registration Number that was provided by my employer or licensing agency.  
-- Results will be returned to employer/agency electronically --  
You will be forwarded to a form to fill out once you click "Begin" below.

☐ I am an individual needing a fingerprint based search to be returned to myself  
-- or --  
My employer or licensing agency did not provide me with a 4 digit Registration Number.  
-- Please note: If you are unsure if you need a 4 digit Registration Number please contact your employer or licensing agency. Failure to select the correct option may result in additional fees being assessed if a correction is later needed. --

☐ I previously scheduled an appointment through MACHS to be fingerprinted and need to re-schedule my appointment.

Begin Clear

W3C XHTML 1.0 W3C CSS

## MACHS Applicant Registration

At the top of the registration page you should enter your 4 digit registration number in the space provided. Clicking "Populate" will automatically return a message displaying the name and identifying information of the agency for which you are registering. If the agency that populates is incorrect, please contact your employer/licensing agency to verify that you are using the correct registration number.

The screenshot shows the Missouri State Highway Patrol Criminal Justice Information Services Division website. The header includes the Missouri State Highway Patrol logo and the text "Missouri Automated Criminal History Site". Below the header is a navigation bar with links: Home, About MACHS, Contact Us, FAQ, and Related Links. The main content area is titled "Your Transaction Control Number (TCN) is: MH123456". Below this, there is a section for "Contact Information" with fields for First Name, Middle Name, Last Name, Suffix, Alias First Name, Alias Middle Name, Alias Last Name, Alias Suffix, Street Address, Apt. Number, City, State, Zip Code, Home Phone, Mobile Phone, and E-mail Address. Below the contact information is a section for "Personal Information" with fields for Date of Birth, Gender, Height, Weight, Hair, Eye, Race, Place of Birth, SSN, and Country of Citizenship. At the bottom of the form is a "Notarized Letter" section with a checkbox for "Will/Won't Mail Notarized Results" and a button for "Schedule Fingerprinting".

Once you have verified your agency information you may begin entering your personal demographic data into the spaces provided. Mandatory fields are marked by a red \*. When you are finished click "Register".

At the top of the verification page an 8 digit Transaction Control Number (TCN) will be highlighted. This number will be used to track your fingerprints through the background check process.

Once you have verified that the information that you have entered is correct, click "Schedule Fingerprinting" to schedule an appointment with 3M/Cogent.

## Volunteers

During registration you will be asked if your background check is being conducted for a position as a volunteer. Be sure to answer this question correctly so that MACHS can use the correct search type and fee for your purpose.

## Payment

Before an appointment may be scheduled, you will need to make payment arrangements. You will have the option to pay for your fingerprint search online or at the time of your appointment.

## Missouri Applicant Processing Services

The screenshot shows the Cogent Applicant Fingerprinting Online Services payment page. The header includes the Cogent logo and the text "Applicant Fingerprinting Online Services Step 3 - Credit Card Payment". Below the header is a section for "Registration Information" with fields for TCN, Transaction Type, Transaction Fee, and Name. Below this is a section for "Credit Card Information" with fields for Credit Card Type, Card Number, Card Verification Code (CVV2), Expiration Date, and Name As It Appears On Card. To the right of the credit card information is a section for "Billing Address" with fields for Street Address, City, State, Zip Code, Daytime Phone Number, and Email Address. At the bottom of the form is a "Pay" button.



## Fingerprint Rejections

3M/Cogent and the Missouri State Highway Patrol will make every effort to ensure that your fingerprints are processed and returned to your employer/licensing agency in a timely manner. Unfortunately there are times where individual fingerprint submissions do not have adequate detail to be processed successfully. If your fingerprint submission is rejected for any reason, 3M/Cogent will contact you directly to schedule a new appointment.

## Re-scheduling Appointments

Should you need to re-schedule your fingerprinting appointment due to a schedule conflict you may do so via the MACHS Fingerprint Portal by selecting the option to re-schedule.



Missouri State Highway Patrol  
Criminal Justice Information Services Division  
Missouri Automated Criminal History Site

[Home](#) [About MACHS](#) [Contact Us](#) [FAQ](#) [Related Links](#)

### Getting Started

Please select the Option below that best applies to your reason for visiting this site. If none of these options applies to you or you have further questions please call us at: 1-673-526-6312

- ☐ I have a 4 digit Registration Number that was provided by my employer or licensing agency.  
→ Results will be returned to employer/agency electronically →
- ☐ I am an individual needing a fingerprint based search to be returned to myself  
→ or →  
My employer or licensing agency did not provide me with a 4 digit Registration Number.  
→ Please note: If you are unsure if you need a 4 digit Registration Number please contact your employer or licensing agency. Failure to select the correct option may result in additional fees being assessed if a correction is later needed. →
- ☒ I previously scheduled an appointment through MACHS to be fingerprinted and need to re-schedule my appointment.  
You will be forwarded to Cogent's re-scheduling page once you click "Begin" below

[Begin](#) [Clear](#)



## Appointment Scheduling

Once payment arrangements have been completed, you will be required to schedule an appointment at a Cogent fingerprint services site.

After you confirm your appointment you will be provided a receipt that provides your unique transaction control number (TCN) and all appointment information. If possible you should print this page for your records.

## Thank You For Using MACHS

Both the Missouri State Highway Patrol and 3M/Cogent strive to ensure that your entire fingerprinting process is as convenient and hassle-free as possible.

Questions about the fingerprinting process may be directed to:

3M/Cogent: 1-877-862-2425

Or

The Missouri State Highway Patrol: 573-526-6312

Missouri Applicant Processing Services



## Missouri Procedures for Out-of-State Applicant Fingerprint Cards

Out-of-State Applicants may mail their fingerprints to Cogent for faster criminal background check processing. If not being billed, a check or money order for the Cogent fingerprinting fee and all State or FBI fees should accompany the fingerprints. For more information about fees please visit [www.machs.mo.gov](http://www.machs.mo.gov) for a complete fee schedule.

All fingerprint cards should contain the mandatory demographic information listed below. If any of the below fields are left blank the fingerprint card will not be able to be processed and a rejection notice will be mailed back to the applicant.

Mandatory Information that must be included on the fingerprint card:

First Name	Height
Last Name	Weight
Street Address	Hair Color
City	Eye Color
State	Race
Zip Code	Place of Birth
Date of Birth	Citizenship
Gender	Social Security Number (if a US Citizen)

If the applicant is conducting the background check for an agency that has been assigned a 4 digit registration number/agency code or for a volunteer purpose then this must be notated in the upper right hand corner of the fingerprint card. Failure to include this information on the fingerprint card will result in an incorrect type of background check being done. Additional fees may be assessed if a correction is later needed.

Sample Registration #

↓

**APPLICANT**

EDUCATION OF POLICE TRAINING CENTER  
*P. J. Smith*  
 3255 MAIN STREET  
 JOHNSON CITY, MO 65101  
 DOB: 01/25/1959 VERMONT  
 POLICE TRAINING CENTER  
 10 JACOBSON WAY  
 ST LOUIS, MO 63119  
 ALAN WALSH ACT

TYPE OR PRINT ALL INFORMATION IN BLACK

JOHNSON, KARY ANN  
 SMITH, KARY ANN  
 1234 Volunteer

Only include "Volunteer" if the background check is being conducted for a position as a volunteer.

**Fingerprint cards and associated fees should be mailed to:**

**3M Cogent  
 Attn: Fingerprint Card Scan MSHP  
 5025 Bradenton Ave. Ste A  
 Dublin, OH 43017**

**Questions about this process may be directed to Cogent at 1-877-862-2425 or to the Missouri State Highway Patrol at 573-526-6312**

## **Important Notice Concerning Your Fingerprint-based Background Check**

As an applicant who is the subject of a state and/or national fingerprint-based criminal history record check for a noncriminal justice purpose (such as an application for a job or license, an immigration or naturalization matter, security clearance, or adoption), you must understand that by mailing your fingerprints to the Missouri State Highway Patrol or to Cogent, the Missouri Fingerprint Services vendor, you hereby agree to the following:

- Your fingerprints will be used to check the criminal history record files of the Missouri State Highway Patrol (MSHP) and/or the Federal Bureau of Investigation (FBI).
- Any criminal history information returned as a result of this search will be made available to requestors pursuant to Chapter 43 RSMo.
- All information, including your fingerprints, photograph, and any demographic data collected during the course of your fingerprint-based record check may be stored in MSHP and/or FBI files. Such data will be subject to comparisons against other submissions received by the MSHP and/or the FBI and to further disseminations by the MSHP or the FBI as may be authorized under the Federal Privacy Act (5USC 552a(b)) or Missouri Revised Statutes.
- Any future updates made to your arrest record may also be shared with the agency requesting this fingerprint-based background check if the requesting agency is a subscriber to the state and/or federal Rap Back program.

Questions about this notice may be directed to the Missouri State Highway Patrol Criminal Justice Information Services Division at 573-526-6153 or [machs@mshp.dps.mo.gov](mailto:machs@mshp.dps.mo.gov)